

## CUSTODY RECLASSIFICATION

1. INTERVIEWER NAME		2. <i>(X one)</i>	
		<input type="checkbox"/> DETAINED	<input type="checkbox"/> ADJUDGED
3. IDENTIFICATION			
a. PRISONER NAME <i>(Last, First, Middle)</i>		b. SSN	c. RELEASE DATE <i>(YYYYMMDD)</i>
d. PRESENT CUSTODY	e. HOUSING UNIT		f. REGISTRATION NUMBER
4. ADMINISTRATIVE FACTORS <i>(X as applicable)</i>			NO    YES
a. SUICIDE RISK			
b. PHYSICAL HEALTH PROBLEM			
c. MENTAL HEALTH PROBLEM			
d. SPECIAL QUARTERS			
e. VICTIM/WITNESS NOTIFICATION PROGRAM			
f. WAS THERE AN OVERRIDE ON LAST CLASSIFICATION?			
5. CLASSIFICATION CRITERIA <i>(Enter point values)</i>			POINTS
a. OFFENSE SEVERITY    = 1 - 8			
b. NUMBER OF DISCIPLINARY REPORTS <i>(Last 90 days)</i> NONE = 0                    ONE = 2                    TWO+ = 4			
c. SEVERITY OF DISCIPLINARY REPORTS NONE = 0                    LOW MODERATE = 1                    MODERATE = 3                    HIGH = 5                    GREATEST = 7			
d. NUMBER OF NEGATIVE SPOT REPORTS <i>(Last 90 days)</i> NONE - THREE = 0                    FOUR - SIX = 2                    SEVEN - TEN = 4                    ELEVEN+ = 6			
e. CURRENT PROGRAMMING PROGRAM AND JOB = MINUS 2 (-2)                    PROGRAM OR JOB = MINUS 1 (-1)                    NONE = 0			
f. FALSE DATA ON SCREENING FORM <i>(Initial Classification only)</i> NO = 0                    YES = 4			
g. RESPONSIBILITY SHOWN GOOD = -2                    AVERAGE = 0                    POOR = +2			
h. LENGTH OF SENTENCE TIME REMAINING    DETAINEE OR 0 - 90 DAYS = 0    91 DAYS - 1 YEAR = 1 1+ TO 3 YEARS = 2    3+ TO 5 YEARS = 3    5 + TO 10 YEARS = 5    10+ YEARS = 7    LIFE/DEATH = 8			
i. PENDING CHARGES/WARRANTS/DETAINERS NO = 0                    YES = <i>(Enter offense severity code)</i>			
j. TOTAL POINTS			
6. CLASSIFICATION DECISION			
a. <i>(X one)</i>			
<input type="checkbox"/> REDUCE <i>(0 - 6 Points)</i>	<input type="checkbox"/> SAME <i>(7-10 Points)</i>	<input type="checkbox"/> INCREASE <i>(11 + Points)</i>	
b. RATIONALE			
7. OVERRIDE			
a. <i>(X one)</i>			
<input type="checkbox"/> NO	<input type="checkbox"/> YES <i>(Enter code)</i>	<input type="checkbox"/> NOT APPLICABLE <i>(Policy)</i>	
b. RATIONALE			
8. RECOMMENDED DECISION			
9. FACILITY COMMANDER/DESIGNEE			
a. NAME, GRADE, TITLE		b. SIGNATURE	c. DATE <i>(YYYYMMDD)</i>
10. FINAL DECISION			